

PREDICT - Models for engagement with health clinics, health centers, and hospitals

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The following guidelines were developed by PREDICT's Operations Management team to support all Consortium partners and their collaborating partners in planning engagement with local health clinics, health centers, and hospitals for conduct of human surveillance activities. The four engagement models outlined below are provided as examples and to the best of our knowledge are in compliance with US federal regulations and are in accordance with USAID desired practices. For an extensive overview of all partner engagement requirements, please also see *PREDICT - Guiding policies and best practices for engagement with in-country implementing partners and collaborators*.

If you have any questions about a specific mechanism or arrangement you are considering, please contact the PREDICT Operations Management team (predict@ucdavis.edu).

The Four Models of Engagement

- 1. USAID-approved Subaward:** Most appropriate model of engagement when the identified partner organization or institution is intended to contribute technically and intellectually to human surveillance activities and when key personnel will commit a percentage of their level of effort (LOE) to the project. Like all subawards, approval requires review and approval by USAID/Washington. Currently this model is active in Nepal where human surveillance partners are active contributors to study design, plans, implementation, and communication of results (when available); personnel committing to the project are planned co-authors on publications or products resulting from the work. For details regarding the approvals required for new subawards, please see below.
- 2. USAID-approved Subcontract to procure services:** For use when identified partners will be involved in conduct of human surveillance activities but will not be contributing intellectually to the overall programmatic effort or be expected to do more than perform a series of repetitive activities that require little to no discretionary judgement. Subcontractor personnel can have a dedicated LOE specified in the subcontract, but payment for such costs must be made directly to the subcontractor, not the individual. PREDICT can pay for a portion (or all) of a subcontractor employee's total LOE (which cannot exceed 100% including non-PREDICT activities), but appropriate documentation (including written approval from the employee's supervisor) must be obtained and kept on file to ensure LOE distribution over time is appropriate and salary supplements are not being paid with PREDICT funds. Subcontracts with foreign governmental entities and parastatals must be firm fixed price (FFP). FFP subcontracts can include a set "per unit" rate that was negotiated and agreed to between the parties (e.g., cost per patient enrolled, sampled, and surveyed) or a total cost estimate/budget broken down by category (e.g., personnel, supplies, etc.) . While USAID approval

is required for all subcontracts with foreign governmental organizations and parastatals, USAID approval is not required if the intended partner/subcontractor is not a foreign governmental entity or parastatal and the total subcontract price is under \$150,000. For details regarding the approvals required for new subcontracts, please see below.

3. **Leveraging pre-existing operational procedures:** In cases where USAID-approved and active implementing partners have established operating procedures with a health center or hospital that pre-date launch of PREDICT-2 activities, the partner may opt to preserve existing mechanisms, including rates and payment arrangements. If new rates need to be developed or negotiated and/or a written agreement or contract must be signed, then the appropriate approvals required to issue a new subcontract must be obtained before any work is conducted. A high-level of due diligence is needed for such pre-existing arrangements to review and archive documentation and ensure that these mechanisms are not in violation of US federal regulations or USAID-desired best practices. If you are considering utilizing pre-existing operational procedures, please contact Liz Leasure (530-754-9034 or 530-304-1403) to discuss before moving forward with such an arrangement.
4. **Direct-hire based on site:** If acceptable to health center, clinic or hospital administration, it may be optimal for a USAID-approved implementing partner to base staff on site to support implementation of project human surveillance activities, supervise enrollment and safe conduct of procedures, manage data, and ensure quality control. In such cases personnel should be formally employed, supervised, and compensated by the USAID-approved partner. This model could enable supply procurement through an established project partner with the majority of work conducted through a dedicated project staff member or team. If however, additional resources are required to support conduct of activities requiring payment or transfer of funds to the clinic or hospital, a direct-hire could be combined with a subcontract following guidelines described above.

Required approvals for new PREDICT subawards and subcontracts

Subawards with foreign governmental entities or parastatals (i.e. national labs, public universities or hospitals, etc.)

- Requires full review and approval by the Agreement Officer (AO) at USAID, regardless of the amount.
- A Determinations & Findings (D&F) is not required.

Subawards with non-foreign governmental entities (i.e. private universities or hospitals, non-profits, etc.)

- If less than \$2,500,000, can be approved by the Agreement Officer Representative (AOR).

- If over \$2,500,000, the AO must also approve but an abbreviated process for the AO approval can be used. If you have such a request in the works, please follow up with me for details.
- A D&F is not required.

Subcontracts with foreign governmental entities or parastatals

- Requires full review and approval by the AO, regardless of the amount.
- Subcontracts with foreign government entities or parastatals to procure goods or services must be fixed price (see ADS 302.3.3.c).
- Because subcontracts with foreign governmental entities and parastatals must be fixed price and project budgets are developed and approved by USAID on an annual basis, we can only request new subcontracts for work to be completed during the current fiscal year. For example, a request for a new subcontract for molecular diagnostic testing services should only provide for testing to be completed through September 30, 2017. Once we get closer to the next fiscal year, we will then need to submit a request to extend and add funding/scope to the previously approved subcontract for work to be completed during the next budget period. I will follow up with details on the subcontract modification process when we get closer to the start of Year 4.
- A D&F will be required (see ADS 302.3.3.d). USAID/W has provided a D&F template to facilitate this process, which is now a required component of the new subcontract request package for foreign governmental entities or parastatals. USAID/W review of the D&F can take some time, so please plan accordingly.
- D&F's are specific to each proposed subcontract, so if you propose multiple subcontracts with a particular foreign government entity or parastatal, multiple D&F's would be required. A new D&F will not be required to amend approved subcontracts as described in the 3rd bullet above.

Subcontracts with non-foreign governmental entities

- If \$150,000 or more, the subcontract must be approved by the Agreement Officer, but an abbreviated process can be used. If you have such a request in the works, please follow up with me for details.
- If under \$150,000, prior approval is not required from USAID or UC Davis. Please note that you will need to make sure that all required clauses are included in the subcontract document and that you keep documentation on file justifying why a particular vendor/contractor was selected (2 or more price quotes or some kind of basis of selection memo in accordance with applicable procurement standards).